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APPLICANTS

Angelika Maria Domschke, Duluth, GA;
 Xiaodong Hu, Katy, TX;
 Jian S. Zhou, Duluth, GA;

**** CONTINUING DATA *******

This application is a 371 of PCT/EP04/06492 06/16/2004 which claims benefit of 60/491,014 07/30/2003

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 09/22/2006

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 2	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

91436

TITLE

REFLECTION HOLOGRAM SENSOR IN CONTACT LENS

FILING FEE RECEIVED 1587	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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